

ORIGINAL

CIVIL RIGHTS COMPLAINT
42 U.S.C. § 1983

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

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TYRONE MASSEY 8881400249
Full name of plaintiff/prisoner ID#

CV 15

7288

Plaintiff,

JURY DEMAND

YES ☒ NO ☐

-against-
CAPTAIN Fields
DR. Arkady Cherchever

Enter full names of defendants
[Make sure those listed above are
identical to those listed in Part III.]

Defendants.
-----X

KUNTZ, J.

FILED
IN CLERK'S OFFICE
US DISTRICT COURT E.D.N.Y.

★ DEC 21 2015 ★

GOLD, M.J.

I. Previous Lawsuits:

BROOKLYN OFFICE

- A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to your imprisonment? Yes () No (☒)
- B. If your answer to A is yes, describe each lawsuit in the space below (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline.)

1. Parties to this previous lawsuit:

Plaintiffs: _____

Defendants: _____

2. Court (if federal court, name the district;
if state court, name the county)

3. Docket Number: _____

4. Name of the Judge to whom case was assigned: _____

5. Disposition: (for example: Was the case dismissed? Was it appealed? Is it still pending?)

6. Approximate date of filing lawsuit: _____

7. Approximate date of disposition: _____

II. Place of Present Confinement: G.R.V.C 09-09 HAZEN ST. E-ELMHURST NY
11370

A. Is there a prisoner grievance procedure in this institution? Yes (✓) No ()

B. Did you present the facts relating to your complaint in the prisoner grievance procedure? Yes () No (✓)

C. If your answer is YES,

1. What steps did you take? _____

2. What was the result? _____

D. If your answer is NO, explain why not I have been TAUNTED, threatened
AND HARASSED by DOC personnel for calling 311
AND told GRIEVANCES DON'T WORK I would be ASSAULTED if I told.

E. If there is no prison grievance procedure in the institution, did you complain to prison authorities? Yes () No ()

F. If your answer is YES,

1. What steps did you take? _____

2. What was the result? _____

III. Parties:

(In item A below, place your name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)

A. Name of plaintiff Tyrone MASSEY
Address 09-09 Hazen Street E. ElHURST NY 11370

(In item B below, place the full name and address of each defendant)

B. List all defendants' names and the addresses at which each defendant may be served. Plaintiff must provide the address for each defendant named.

Defendant No. 1

CAPTAIN Fields
09-09 Hazen St
E. Elmhurst, NY 11370

Defendant No. 2

DR. Arkady Cherchever
09-09 Hazen St
E. Elmhurst, NY 11370

Defendant No. 3

Defendant No. 4

Defendant No. 5

[Make sure that the defendants listed above are identical to those listed in the caption on page 1].

IV. Statement of Claim:

(State briefly and concisely, the facts of your case. Include the date(s) of the event(s) alleged as well as the location where the events occurred. Include the names of each defendant and state how each person named was involved in the event you are claiming violated your rights. You need not give any legal arguments or cite to cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. You may use additional 8 ½ by 11 sheets of paper as necessary.)

CAPTAIN Lundstrum escorted me to the main clinic seeking medical attention as me being an asthmatic with breathing complications after being exposed to MK-4 chemical agents.

CAPTAIN Field's kept telling captain Lundstrum that I cannot be attended to even if I am an emergency for having problems breathing and she just kept on ranting/yelling that I should not be seen.

Nurse McPherson eventually took my vitals and without being examined further by an doctor. DR. Arkady cherchever said that I would not be examined despite my pleading for help ~~at~~ breathing complications. continued on next page

IV.A If you are claiming injuries as a result of the events you are complaining about, describe your injuries and state what medical treatment you required. Was medical treatment received?

I have a neck injury in which I have to wear a neck brace and take Robaxin pain medicine I was also administered Tylenol 3 on my initial examination

Captain Lundstrum and another officer who I don't know by name then escorted me to the SEG intake.

On route to seg intake I had a seizure. Captain Lundstrum called for a medical emergency and again medical personnel under the supervision of Dr. Arkady cherchever did not respond.

Captain Lundstrum and DOC personnel placed me on a gurney and took me to seg intake where I was picked up by DOC personnel and placed laying on my stomach on a steel bed frame in which there was no mattress or anything covering such bed frame.

I was eventually again picked up by DOC personnel and placed on gurney then escorted to see doctor at main clinic.

Dr. Silva examined me gave me two Tylenol 3's 1000 mg of roboxin and placed me in a neck brace. He also ordered me to receive roboxin pain killers for 5 days. I suffered a neck injury due to Capt. Fields and Dr. Arkady cherchever denying me help.

I am filing this civil rights claim against defendants for violating my eighth amendment right in being deliberately indifferent knowing they were subjecting me to an excessive risk of harm and unconstitutional conditions. They both are aware that I am an asthmatic and epileptic.

These events took place on 12/2/2015

Relief:

State what relief you are seeking if you prevail on your complaint.

An injunctive relief requiring that a handheld camera be used when escorted by DOC personnel
A Temporary restraining order on CAPT. VIOLA
An Temporary Restraining order on officers young, thomas
compensatory damages of \$9,999
punitive damages of \$9,999
Declaratory relief for defendants to not assault me in the future.

I declare under penalty of perjury that on Dec. 7, 2015, I delivered this
(Date)
complaint to prison authorities to be mailed to the United States District Court for the Eastern
District of New York.

Signed this 7th day of December, 2015. I declare under penalty of
perjury that the foregoing is true and correct.

Signature of Plaintiff

George R. Vierno Center

Name of Prison Facility

09-09 Hazen Street

E-ELMHURST NY 11370

Address

8881400249

Prisoner ID#